

Dear Parent or Guardian:

The _____ serves nutritious meals every school day. Students may buy lunch for \$ _____, breakfast for \$ _____ and snacks (if available) for \$ _____. Children from families whose income is below the level shown on the accompanying scale are eligible for either free meals or reduced price meals priced at _____ cents for lunch, _____ cents for breakfast, and _____ cents for snack (if available).

Who can get free or reduced price meals? Children in households getting Food Assistance or FIP and most foster children can get free meals regardless of your income. Also, if your household income is within the limits on the Federal Income Chart below, your children can get free or reduced price meals.

How do I apply for free or reduced price meals? Answer all questions on the application as soon as possible, sign it, and return it to the school. If information is missing the application will not be approved and your child will be denied the meal benefits.

Will the information on the application be checked? Yes. The school or other officials may check information on the application at any time during the school year. School officials may ask for written evidence of income.

I receive Food Assistance and received a letter from the Department of Human Services; do I need to fill out an application? No. You need only to complete the form from Department of Human Services and return it to the school your child will be attending.

If I don't qualify now, may I apply again later? Yes. You may apply for benefits at any time during the school year. If your household income decreases, you become unemployed, eligible for Food Assistance or FIP, or have an increase in family size you can reapply.

What other benefits might I be eligible for? Your child may be eligible for other benefits including *hawk-i* (children's health insurance) or for a waiver of school fees. Read the information on the back of the Free and Reduced Price Meal Application for *hawk-i* information. A school fee waiver form is available from your school.

Can children with disabilities get food substitutions? If a child has a disability as determined by a doctor, and the disability prevents the child from eating the regular school meal, the school will make substitutions prescribed by the doctor. If a substitution is needed, there will be no extra charge for the meal. Please note, however, that the school is not required to make a substitution for a food allergy, unless it meets the definition of disability. Please call the school for further information.

What if I disagree with the school's decision about my application or verification results? You should discuss it with a school official. You also have the right to a fair hearing. This can be done by calling or writing the following official:

_____	_____	_____
Hearing Official's Name	Address	Phone

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, sex, age, or disability. Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at 202-720-2600 (voice and TDD). To file a complaint of discrimination, write: UDSA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, DC 20250-9410 or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

Income Eligibility Guidelines			
Effective July 1, 2004 to June 30, 2005			
Household Size	Reduced Price Meals		
	Yearly	Monthly	Weekly
1	\$17,224	\$1,436	\$332
2	23,107	1,926	445
3	28,990	2,416	558
4	34,873	2,907	671
5	40,756	3,397	784
6	46,639	3,887	897
7	52,522	4,377	1,011
8	58,405	4,868	1,124
each add'l person	+5,883	+491	+114
PARENTS: If your total household income is at or below the limits listed above, your children may be eligible for either free or reduced price meals.			

Application for Free and Reduced Price School Meals

PART 1 – To be completed by ALL applicants. If applicable, identify if Foster Child, list FIP or Food Assistance Number.

Name of Child – Please Print			School Center Attending	Grade	Birth Date Optional	Race ¹	Check If Foster Child	Child FIP Number	Household Food Assistance Number
Last	First	Middle Initial							

¹RACE AND ETHNIC IDENTITY
You are NOT required to answer. Please fill in the appropriate blank with one or more of the following RACIAL identities: I = American Indian or Alaska Native, A = Asian, B = Black or African American, P = Native Hawaiian or other Pacific Islander, W = White, H = Hispanic or Latino.

PART 2 – To be completed only by applicants who did not list a FIP Number or a Food Assistance Number.

INCOME: List all income received last month on the same line with the person who received it. You must list GROSS income BEFORE deductions for taxes, social security, etc. List each amount under the correct heading.

LIST EVERYONE WHO LIVES IN YOUR HOUSE			WAGE – GROSS EARNINGS Before Deductions				Monthly Welfare Payments, Child Support, Alimony*	Monthly Payments From Pensions Retirement, VA/ Social Security*	Other Income Received Last Month**
			I am paid this amount						
			Weekly	2 Weeks	Monthly	2 times a Month			
Last Name	First Name	AGE	W	2W	M	2M			
1.									
2.									
3.									
4.									
5.									
6.									

NOTE: *MONTHLY INCOME CONVERSIONS: (a) Weekly x 4.33, (b) Every Two Weeks x 2.15, (c) Twice Per Month x 2.
**Other Average Monthly Income from Farming, Proprietorship or Partnership. See back of application for guidance.

PART 3– Penalties for Misrepresentation.

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds; that the school officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal Law. An adult household member must sign the application before it can be approved.

_____ PRINTED NAME OF HOUSEHOLD ADULT		_____ SIGNATURE OF HOUSEHOLD ADULT		_____ SOCIAL SECURITY NUMBER	
_____ HOME ADDRESS		_____ CITY		<input type="checkbox"/> I do not have a Social Security Number	
_____ STATE		_____ ZIP		_____ COUNTY OF RESIDENCE	
_____ DATE SIGNED		_____ HOME PHONE		_____ WORK PHONE	
				_____ CELL PHONE	
(FOR SCHOOL USE ONLY – DO NOT WRITE BELOW THIS LINE)					
<input type="checkbox"/> Food Assistance/TANF/FIP Household		<input type="checkbox"/> Income Household: Total household monthly income _____		Household size _____	
Application approved for: <input type="checkbox"/> Free Meals <input type="checkbox"/> Reduced Price Meals		Application denied because: <input type="checkbox"/> Income over allowed amount			
Temporary approval for: <input type="checkbox"/> Free Meals <input type="checkbox"/> Reduced Price Meals Expires _____		<input type="checkbox"/> Incomplete/missing _____			
_____ Date Notice Sent		_____ Signature of Determining Official		_____ Date	

Instructions for Completing the Application For Free and Reduced Price School Meals

Need help? If you have questions or need help completing the application form please contact _____.

PART 1 – To be completed by ALL applicants.

List all children in school, the school attending, grade, birth date (optional), race (optional), and check foster child (if applicable).

FIP HOUSEHOLDS: If your child is receiving Family Investment Program (FIP) payments, list the case number next to the child's name in the designated space. Go to Part 3.

FOOD ASSISTANCE HOUSEHOLDS: Letters were mailed to all Food Assistance households during the first week of August from the Department of Human Services. Food Assistance households receiving this letter need only complete and return the letter to the school to get free meals for the children listed. Food Assistance households receiving this letter **do not** need any other application to get the free meals. If you currently receive Food Assistance and did not receive the letter from Human Services, you must fill out this application form to get free meals. List your child(ren)'s name and Food Assistance case number. Go to Part 3.

FOSTER CHILDREN: A foster child is a child who is living with a household but who remains the **legal responsibility** of the welfare agency or court, and is considered a household of one. If you have foster children living with you and wish to apply for free or reduced price benefits for them, please make a separate application for such children. In determining income for the foster child, only the following should be considered:

- a) Funds provided by the welfare agency which are specifically identified by category for personal use of the child, such as for clothing, school fees and allowances. Welfare funds identified by category for shelter and care, and those identified as special needs funds, such as those for medical and therapeutic needs are not considered as income. Where welfare funds cannot be identified by category, no portion of the provided funds is considered as income.
- b) Other funds received by the child. This includes, but is not limited to, monies provided by the child's family for personal use and earnings from part-time jobs. Go to Part 2.

PART 2 – To be completed only by applicants who did not list a FIP Number or Food Assistance Number.

HOUSEHOLD MEMBERS: List the name and age of parents, grandparents, all children, other relatives and unrelated people who live in your household. If additional space is required please list on a separate sheet and attach to the Free and Reduced Price Meal Application.

FOSTER CHILD: List only the foster child and their income. Do not list other household members. Go to Part 3.

INCOME: List the amount of income (BEFORE deductions for taxes, social security, etc.) each person received **last** month. List income in the appropriate column based on frequency of earnings or payment to you, such as wages, welfare or retirement. If you have a household member for whom last month's income was higher or lower than usual, list that person's expected average monthly income. If your household income is the same or below the level shown on the Federal Income Chart in the parent/guardian letter, your child is eligible for either free or reduced price meals. Go to Part 3.

TYPES OF INCOME: Include all income from all sources for **all persons** living in your household. Include income from the following:

REPORT:			
wages	public assistance payments	workmen's compensation	social security
salaries	welfare payments	veteran's subsistence benefits	retirement income
tips	strike benefits	interest	disability benefits
commissions	unemployment compensation	dividend income	annuities
alimony	supplemental security income	cash withdrawn from savings, investments or trusts	income from self-employment
pensions	social security survivor's benefits	resources available to pay for a child's meals	child support payments
<hr/>			
DO NOT REPORT:	food assistance	educational benefits	children's incidental income from such occasional activities as:
	scholarships		babysitting - shoveling snow - cutting grass

FARMING/PROPRIETORSHIP/PARTNERSHIP INCOME: Persons engaged in farming or who operate other types of private businesses where cash flow varies throughout the year making it impossible to predict yearly income with any accuracy may use their income tax records for the preceding calendar year. To calculate income, see worksheet on the back of the Free and Reduced Price Meal Application.

PART 3 – Penalties for Misrepresentation.

SIGNATURE AND HOUSEHOLD INFORMATION: Print your name and sign the application. List your social security number or mark the box indicating you do not have one. List address, county of residence, date signed, work, home and cell phone numbers. Return application to school.

PRIVACY ACT STATEMENT: This explains how we will use the information you give us. The National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your children for free or reduced price meals. The Social Security Number of the adult household member who signs the application is required unless you list Food Assistance or FDIPIR or TANF case numbers for all children you are applying for, OR if you are applying for a foster child. You must check the "I do not have a Social Security Number" box if the adult household member signing the application does not have a Social Security Number. We will use your information to see if your children are eligible for free or reduced price meals, to run the program, and to enforce the rules of the program. We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into misuse of program rules. This includes officials connected with Title I assessment, The National Assessment of Educational Progress, and Carl Perkins Vocational Education as authorized by the National School Lunch Act. Disclosure procedures for **hawk-i**/Medicaid are on the back of the Free and Reduced Price Meal Application.

The *hawk-i*/Medicaid Information Form

Read this information and sign if you decide you do NOT want your name released to *hawk-i* or Medicaid.

If your children do not have health insurance, you will be interested to know that many families getting free or reduced price school meals can also get free or low-cost health insurance for their children.

The law now allows us to share your free or reduced price meal eligibility information with Medicaid and *hawk-i*, the State's medical insurance program for children. Specifically, we will give them your child's name and your name and address. Medicaid and *hawk-i* can only use the information to identify children who may be eligible for free or low-cost health insurance and then to contact you. They are not allowed to use the information from your Free and Reduced Price Meal Application for any other purpose.

You are not required to allow us to share information from your children's Free and Reduced Price Meal Application with Medicaid or the *hawk-i* program. It will not affect your children's eligibility for free or reduced price meals. If you do **NOT** want your information shared with Medicaid or *hawk-i*, you must tell us by completing the information below at the time you complete your Free and Reduced Price Meal Application. If you want further information, you may call *hawk-i* at 1-800-257-8563.

I **DO NOT** want school officials to share information from my Free and Reduced Price Meal Application with Medicaid or *hawk-i*. Also, if you are already receiving Medicaid or *hawk-i*, please sign below. This will avoid another contact.

Child's Name _____	School _____
Child's Name _____	School _____
Child's Name _____	School _____

_____	_____	_____
Parent Name (Printed)	Signature of Parent	Date

Farming, Proprietorship or Partnership Income Worksheet

DIRECTIONS: This worksheet will assist you in calculating the amount of income to report if you are engaged in farming, a proprietorship or partnership.

***Persons engaged in farming or who operate other types of private businesses** where cash flow varies throughout the year making it impossible to predict yearly income with any accuracy may use their income tax records for the preceding calendar year as a basis for applying for the free or reduced price meals during the present school year. The income to be reported is income derived from the business venture less operating costs incurred in the generation of that income. Deductions for personal expenses such as interest on home payments, medical expenses, and other similar non-business deductions are not allowed in reducing gross business income.

SPECIAL NOTE: If you have additional income from other kinds of employment, this income must be treated as separate and apart from the income generated from your business venture. As per example, if you operated a business at a net loss but held additional employment for which you received a salary, your income for purposes of applying for free or reduced price meals would be the value of the income from your salary only, since the loss from the business cannot be deducted from the amount of the income earned in the additional employment. Though your business may have suffered a net operational loss, for purposes of this application it is not possible to have a negative income. **The least income possible is zero (no income).**

The necessary and appropriate information for arriving at allowable income from private business operation is to be taken from your 2003 U.S. Individual Income Tax Return - Form 1040 in the following manner. Items 13 and 14 should only be used once if a person is engaged in two or more types of business activities.

Farming Income: Add together the amounts reported in the following lines of your 2003, 1040 U.S. Tax Form:

Line 13 -	Capital gain or (loss)	\$	_____
Line 14 -	Other gains or (losses)	\$	_____
Line 18 -	Farm income or (loss)	\$	_____
		\$	_____ Total*

Proprietorship Income: Add together the amounts reported in the following lines of your 2003, 1040 U.S. Tax Form:

Line 12 -	Business income or (loss)	\$	_____
Line 13 -	Capital gain or (loss)	\$	_____
Line 14 -	Other gains or (losses)	\$	_____
		\$	_____ Total*

Partnership Income: Add together the amounts reported in the following lines of your 2003, 1040 U.S. Tax Form:

Line 13 -	Capital gain or (loss)	\$	_____
Line 14 -	Other gains or (losses)	\$	_____
Line 17 -	Rents, royalties, partnerships, etc.	\$	_____
		\$	_____ Total*

***Divide total income by 12 and enter as monthly income on the reverse side of this form**

NOTE: A prior year loss from farming or other private business operation cannot be used to reduce the current year net income for determining free or reduced price meal eligibility. Wages paid to a spouse or other family member in the operation of a farm or private business must be shown as household income on the reverse side of this form.